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ABSTRACT

Needs assessment is part of the decision making and program planning process in mental health centers. Four commonly used approaches for identifying needs are: (1) social indicators; (2) analysis of resources and patterns of use; (3) community surveys; and (4) group approaches. Rarely does a single approach provide all the information necessary to identify needs. An analytical framework should integrate need information with program constraints, and develop feasible alternative mental health solutions. Decision makers can then act on the recommended alternative solutions. Most decisions are made by selecting actions that are politically feasible and reflect marginal changes in the existing base of resources available to the center. (Author/MLT)

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LINKING NEEDS ASSESSMENT TO PROGRAM PLANNING AND MANAGEMENT

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FOREWORD

The Southern Regional Education Board was awarded a grant (Mental Health Training Grant No. 1-T15-MH14703) in late 1976 from the State Manpower and Development Branch of the National Institute of Mental Health. The Project was to develop publications and conduct workshops to assist mental health centers in improving their management practices and their program activities through the use of practical program evaluation. A series of publications and workshops is being developed through the combined efforts of the Board's staff and task force participants. Topic areas include:

- The Administrative Uses of Program Evaluation
- Use of Information Systems for Monitoring Mental Health Programs
- Linking Needs Assessment to Program Planning and Management
- Quality Assurance in Mental Health Centers
- Client Outcome Evaluation in Mental Health Centers
- Improving Staff Productivity in Mental Health Centers

The selection of these topics was based on the preferences expressed in a survey of mental health centers and clinics in the 14 states served by the Southern Regional Education Board.

Linking Needs Assessment to Program Planning and Management takes a problem-oriented view of needs assessment studies and their relationship to decision making and program planning in mental health centers, and suggests some guidelines for linking needs assessment into the management process. This publication is based on the recommendations of people in mental health centers and state mental health agencies. We thank all of them for their willingness to share their knowledge and experiences with us. We assume responsibility for the content of this report, including any misunderstandings resulting from the translation of ideas.

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WHAT IS NEEDS ASSESSMENT?

Federal law and regulations require that community mental health centers conduct needs assessments as a precondition to grant support and as part of the ongoing program planning and evaluation process, but they give no particular definition of the needs for services, and require no specific methods to be used in identifying and assessing needs. The reasons for requiring the assessment of service needs are also somewhat vague. In reviewing the literature, needs assessment is alternatively described as a change-oriented process, a method of enumeration and description, an analytical procedure, a decision-making process, or a process for resolving different points of view. When applied to mental health centers, needs assessments are used in several ways that are not necessarily mutually exclusive:

1. A research activity, conducted in part because federal legislation requires it, that enumerates and describes the population in a service area. Data from this kind of needs assessment are often used for advocacy and justification of proposed or existing programs in a mental health center.
2. A planning activity that identifies and monitors changes in the social and population characteristics which influence need and demand for mental health services over time. Data from this kind of needs assessment are often used to modify current patterns of service delivery (e.g., establish satellite clinics in underserved areas) or

for advocacy or justification of programs.

3. A management activity which involves the continuing analysis of the need for services in the community in relation to program objectives and resource allocation. Data from this kind of needs assessment are used by decision makers to develop programs that meet the identified needs of the population in an effective and efficient way, and to correct deficiencies in ongoing programs. They can also be used to resolve different points of view about service needs and the role of the agency in the community, and to encourage the coordination of services with other human service agencies.

One of the commonly cited problems with needs assessment studies is that they are rarely used to assist in making decisions about program objectives and the allocation of resources in a mental health center. The purpose of this paper is to 1) take a problem-oriented view of needs assessment studies and their relationship to decision making and program planning in mental health centers, and 2) suggest some guidelines for linking needs assessment to the management process.

There are two distinct steps in assessing service needs:[1]

1. Needs Identification is the application of measuring tools to describe the mental health requirements in a geographic area. These methods of measurement are used: a) to determine the nature and intensity of needs; b) to evaluate the extent of existing services, and c) to provide information about the attitudes toward mental health needs and services in the community. Needs identification tells whether there is a gap between what is viewed as a necessary level or condition and what actually exists.

2. Needs Assessment requires the application of judgments about the relative importance of needs and demands in planning for new services or restructuring existing ones with due regard for available resources, community perspectives, and program mandates.

In general terms, the purpose for the assessment of needs in the planning of mental health programs is to "assure that there will be additional inputs to prevent the sole reliance on professional formulations of service needs, and/or to prevent overriding influences by the most vocal or powerful groups in program planning."[2] More specifically, its purpose is to filter objective information through the perspectives of varied individuals and groups that have a stake in the delivery of mental health services to plan programs that reflect a broad set of views of people within the agency and outside the agency. The assessment of service needs is therefore not only an objective analysis, but a political decision-making process of conciliation and negotiation that is conducted when a mental health center is first established, and later periodically, to assess the relevance of proposed or existing services in relation to the community's needs and priorities.

Many evaluators suggest that the identification stage of assessing service needs presents problems related to the selection of approaches that yield answers about needs within available resources. The assessment stage is identified as the primary problem in two areas:

1. Data integration requires the convergent analysis of multiple perspectives and dimensions of need and constraints from within and outside the agency. Often conflicting views must be resolved. If data cannot be integrated and organized in a clear, concise report of issues, problems and

alternative solutions, decision makers are likely to make judgments primarily on political or professional bases rather than on the basis of the needs assessment data.

2. Decision making and program planning involve the selection of the most feasible alternatives for the development or restructuring of services. For the analysis of service needs to become part of the management process in a mental health center, decision makers must be motivated to understand how needs information fits into the overall program planning and evaluation process.

NEEDS ASSESSMENT AND THE MANAGEMENT PROCESS

Before exploring why needs assessment data are frequently not used in making program decisions, it is necessary to describe the relationship of the needs assessment to the management process in a mental health center. The following table illustrates one point of view.

MAJOR QUESTIONS OF PROGRAM MANAGEMENT IN MENTAL HEALTH CENTERS[3]

	Planning	Operations	Evaluation
Population	What population are we concerned about? Tell us about them.	What persons are we seeing?	Is the appropriate population being served?
Objectives	What shall we do about this population?	What are we doing?	How well did our actions work?
Resources	What things, funds, facilities and people will we need?	What are we using?	How well are resources being used?

In this model, mental health center management plans for programs by matching information about the population (the identified needs of the population in the service area) with objectives and resources (the operational plans for programs and budgets that define what kind of services should be offered to whom in what location with what resources).

Program evaluation provides information about: 1) the adequacy and impact of existing services in meeting the needs of population in the service area by relating needs identified in the planning stage to actual service utilization patterns; 2) the effectiveness of services by providing information on the achievement of program objectives and client outcomes; and 3) the level of effort and the efficiency in using resources to provide services.

As depicted, planning and evaluation are part of a recurrent management process. Needs assessment is a monitoring system for the external environment which provides inputs into the development of program objectives and the allocation of resources needed to carry out these objectives. Program evaluation is a monitoring system for the internal operations of the agency that provides feedback into program planning by comparing what was planned to what occurred. Both evaluation and needs assessment identify the necessity for new programs or changes in existing programs because of 1) shifts in the composition and needs of the population; 2) new mandates for services; 3) deficiencies within programs; and 4) the emergence of new service providers in the community.

Although conceptually different functions, needs assessment and program evaluation share interrelated or common activities:[2]

1. Measuring the availability of services relative to population

characteristics and needs.

2. Describing the accessibility of services relative to population need and environmental characteristics.
3. Assessing community residents' awareness of services.
4. Assessing the continuity and integration of services for multi-problem clients and the coordination with other human service agencies.
5. Describing the distribution of available resources in relation to need.

Therefore, program evaluation and needs assessment are interdependent in that each uses information produced by the other and each provides data for planning and operating programs.

IDENTIFICATION OF SERVICE NEEDS

Needs identification documents a problem in the community that can be improved through the provision of mental health services. Often decision makers are aware of a problem, but do not know its specific nature and intensity, precisely who is affected by the problem, and whether the center should be responsible for addressing the problem. These studies provide information for the first step in the design and planning of programs and often are used for advocacy and justification.

The term "need" has varied meanings when it lacks a referent. There is often confusion about the difference between "need," "desire," and "demand" for services because need is contingent on the perceptions of the persons who

ask or answer the question. A frequently used definition of need actually describes those who need mental health care:

> ...people who are perceived to have problems in living; a dysfunctional somatic or psychological state; or an undesirable social process that might be improved through services provided by a mental health center.[4]

Needs identification, depending on the approaches that are used, may describe those who need care in three ways that range from general to more specific estimates of need:

1. Generic needs -- people who are perceived to require mental health services, usually based on statistical inferences and/or the application of norms, e.g., at-risk population.
2. Unmet needs -- people who require mental health services, usually based on some empirical data which is filtered through community perspectives so that there is recognition of a mental health problem for which satisfactory solutions do not exist; and the recognition that new services or a change in existing services are necessary, e.g., target population.[4]
6. Demand -- current and potential clients who are expected to use mental health services, usually based on the past use of services. These estimates are conditioned by projections of changes in demand because of the restructuring of existing services or the addition of new services, e.g., service population.

When just beginning, some mental health centers only identify general needs for services in the community. Mental health centers with established programs tend to focus on the identification of demand without adequate consideration of unserved or underserved people in the community or

determining the community attitudes about the need for services. As defined, unmet need is more congruent with the purpose for conducting needs assessments -- to help assure that there will be additional inputs to prevent the sole reliance on professional formulations of services need, and/or to prevent overriding influence by the most vocal or powerful groups in the planning of programs.

IS THERE A PROBLEM?

In the model of the management process presented earlier, program planning and evaluation are depicted as a recurrent process. Evaluation provides feedback used to assess the adequacy, effectiveness, and efficiency of programs. This feedback from evaluation is compared to the identified needs of the community to assess the relevance of services. Needs assessment and evaluation involve many of the same concerns: the patterns of use of services; the accessibility and continuity of services; consumer and citizen evaluation of services; and the match between program relevance and community needs. When the possibility that the needs of the population are not matching up with the services being provided, a pre-study of the perceived problem may be conducted to determine the need and feasibility of conducting a formal needs assessment by asking the following questions:

- o What is the nature of the perceived problem?
- o Who makes up the target group?
- o What do we know about them already?
- o Is this problem relevant to the center's policies and mandates?

A pre-study provides a focus for a formal study. It is the first step in

planning a more extensive needs assessment that may reduce the costs and time involved by targeting the field of inquiry to the salient issues. The pre-study report may also encourage the support and action of decision makers on the findings of the formal study.

IDENTIFYING NEED

When it has been established that a problem exists, a formal needs assessment study is done to describe the nature and intensity of need. The techniques that are chosen to obtain this information should answer the following questions:

- o How many current and potential clients are there? (anticipated demand)
- o Where are people needing care located? (availability and accessibility)
- o What are the problems of those in need of care? (presenting problem and socio-economic characteristics)
- o What type of services will best meet these needs? (service needs)

Some of the difficulties in answering these questions are:

Anticipated Demand. There may be a significant difference between unmet need and the anticipated demand for services. Anticipated demand refers to those people who will actually seek and obtain care. Often people need care but do not obtain it because they consider the costs of services prohibitive, the location or time that services are available inconvenient, or the use of services contrary to their values or beliefs.

Conflicting Expectations. Several factors affect the kinds of programs

and services that are planned and developed. A multiplicity of individuals, agencies and organizations influence and are involved in the operation of mental health centers -- funding agencies; administrative and service personnel in the center; other human service agencies; members of the community; elected representatives on local, state and federal levels; and accrediting agencies. It is not unusual to find conflicting expectations among these groups because of differences in their values and attitudes or in the mandates, standards and regulations that they must enforce. The broad range of interrelated human service agencies found in many communities further confuses the "unmet need" question by raising the issue of which agency can meet the need most effectively.

Environmental Change. An identified, unmet need may be temporary because of changing population or economic patterns in a community. A new state policy may create a significant unmet need for services (e.g., deinstitutionalized clients) in the community, but may decrease over time. Economic shifts in a community (e.g., layoffs by a large major industry) may create a significant but temporary demand for services. Citizens in the community may consider current social behavior a pressing problem (e.g., teenage drug abuse), but the significance of the problem may diminish over time.

Service Type. Many of the currently used methods do not clearly identify the nature and intensity of mental problems nor the types of services that will help those in need of care. Some centers are now conducting sample surveys which measure the psycho-social functioning (e.g., social competency) of target groups in the community. The findings of these surveys are used to identify the problems of people in the community and the types of services

needed to alleviate these problems.[5] Other centers use expert judgments of clinical service providers or interviews with key informants (e.g., service clients, people from other human services agencies and leaders in the community) to determine the type of services that will best meet the needs of clients.

APPROACHES FOR IDENTIFYING NEEDS

A number of needs identification techniques are available to mental health centers. They consist of a heterogenous group of methods that describe needs or demands for services, but do not explain why the needs exist in the community or what can be done about them. Commonly used approaches fall into four general categories:

1. Social indicators identify socioeconomic conditions in the environment that are assumed to be correlated with the needs for services;

2. Available resources and patterns of use identify the resources and use of services by the center's clients or all clients in the community;

3. Community surveys identify the nature and intensity of mental health problems and the attitudes toward and perceptions of the community about mental health problems;

4. Group approaches identify the community views of needs, barriers to services, and alternative solutions to meeting community needs.

Social Indicators

The social indicator approach is based on descriptive statistics, such as census and health and welfare reports. It assumes that estimates of need are shown by statistical indicators on certain socioeconomic characteristics

which are presumed to be correlated with the need for services (e.g., crime, unemployment, education, income, housing). The disadvantage of this approach is the assumption that socioeconomic conditions always are related to the need for mental health services. The advantage of this approach is that social indicators call attention to rapid changes in the socioeconomics of an area that may lead to a need for mental health services (e.g., high unemployment). It is therefore a useful monitoring tool that may prompt established programs to conduct a more focused study of community needs.

Available Resources and Patterns of Use

This approach is based on existing data collected from community agencies and from the center itself. While the analysis of resources is a relatively simple inventory of agencies in the community, the analysis of patterns of use refers to a highly flexible set of approaches that can be focused on specific questions about demand and service gaps in the community.

(1) The analysis of available resources identifies agencies and individual practitioners in the community providing mental health services. Resource analysis describes the location of the service provider, the type and amount of services provided, criteria for client eligibility, the number of staff, charges for services, source of funding, the number and characteristics of clients served per year, and patterns of referrals. This information is useful when compared to other information about community needs and can assist in identifying gaps in services, alternative sources of mental health care, and linkages between service agencies. Often much of this information can be obtained from health system agencies, mental health associations or

regional planning agencies.

(2) Patterns of use is an approach involving the analysis of data from different viewpoints. All involve some interpretation of client characteristics, services provided, sub-groups, available staff, and the movement of clients among affiliated agencies. The major disadvantage of this method is that estimates of need are based on enumeration of people who received services in a given time period; unserved or underserved people in the community are not identified. This disadvantage can be compensated for when the data is further analyzed and is used to answer questions such as:

- Who is receiving services and what services do they need?
- How do utilization patterns compare with norms from other communities for sub-groups and high risk groups?
- Are there barriers to the use of services by particular sub-groups within the community?

These analyses may focus on all recipients of mental health services in the community or only those treated by the center. Analyses may also be narrowed to examine the patterns of use of services by particular sub-groups of clients. Some of the specific techniques that may be included in the analysis of the patterns of use of services are:

- rates under treatment
- comparison of utilization rates to norms from other communities
- comparison of actual utilization to expected utilization
- assessment of availability, accessibility, acceptability, awareness, and continuity of care.

Although they are based on the demand for services, not unmet needs, these

techniques raise questions that lead to further analysis and identification of gaps in services that may assist in the development of programs to better meet needs. They are useful in identifying and comparing the patterns of the use of services by sub-groups (e.g., children and adolescents, ethnic minorities, the elderly, or the chronically disabled). To assess the relative accessibility of services, the number of clients receiving services in a particular sub-group can also be compared to the total number of people in that sub-group found in the community.

The data used in analyzing the patterns of use of services may come from a number of sources, such as the center's information system, clinical records, grievance and complaint data, waiting list data, utilization review records, social indicators, census data, the Mental Health Demographic Profile System from the National Institute of Mental Health, sample surveys of current and potential clients, and utilization data from other human service agencies.

The interpretation of the patterns of use of services must be made in the context of the uniqueness of each center -- its capacity to provide services, the characteristics of the population, and the existence of other mental health services in the community.

Community Survey Approaches

Approaches surveying the community include three different views of need:

(1) Epidemiological studies of the prevalence of mental health problems estimate the nature and intensity of psychiatric disorders or psycho-social functioning of people in the community. This kind of sample survey provides

data on needs that are the most useful for the design and planning of programs. It assumes that survey measures of social, physical or psychological disorders provide data that are comparable to the data obtained through clinically accepted diagnostic procedures. The disadvantage of this approach is that surveys are complex and expensive to administer and difficult to interpret if they are not well designed and planned. An adequate mental health survey requires: (a) a good sampling procedure; (b) a well designed interview schedule; (c) well trained interviewers; and (d) community support. Because costs are beyond the financial capabilities of most centers, cost-sharing with other agencies is usually needed to conduct these surveys.

(2) Community sample surveys can be used to ascertain the views of community residents on the nature and intensity of the needs for mental health services. The assumption is that the perceptions of people in the community provide a realistic assessment of the community needs and priorities for services. The content of the survey instruments is highly flexible. Some of the areas that might be examined are: (a) the relative importance of community programs; (b) sources of help that are perceived as available; (c) the relative importance of specific mental health problems; (d) attitudes toward using public mental health services; (e) mental health problems experienced in the respondent's own family; (f) help received for these problems; and (g) satisfaction with the help received.

These surveys can be conducted through face-to-face interviews, by mail, or by telephone. The advantage of this approach is that it encourages broader participation by citizens in identifying community needs for services and setting service priorities. It provides information on community

attitudes toward and awareness of the center's services which may give a sharper focus to planning for consultation and education activities. The disadvantages are that some respondents may be hesitant to answer questions about themselves or their families, and the validity and reliability of self-reports are open to question. In addition, these surveys present problems related to complexity and costs similar to those found in epidemiological surveys, but to a lesser degree.

(3) A survey of key informants in the community is relatively simple and inexpensive. It involves interviews with selected community leaders and agency representatives regarding estimates of needs and required services. This approach assumes that key people in the community have a knowledge of the community, its people, their needs, and the services they receive. Informants may include government officials, administrative and program staff of health and welfare organizations, clergymen, health services providers, and program staff from youth services, vocational rehabilitation centers, child guidance clinics, and other service agencies, such as court consultation programs, programs for the elderly, and school psychological services.

Personal interviews are most frequently used in this type of survey, but mailed questionnaires and telephone interviews can also produce good results. This approach is most useful when a feedback meeting of respondents is held after results have been tabulated to provide discussion, clarify issues, and encourage the participation and support of the center's efforts to develop new programs or restructure existing ones. The disadvantage of this approach is the tendency of some informants to represent biased views of community needs and the possibility that they may be unaware of the needs of less

visible groups in the community. It is therefore important to select a range of informants representing all constituencies in the community.

Group Approaches

There are two group approaches that involve members of the community in generating information on needs and required services.

(1) The community forum approach is a method for enlisting citizen participation in needs assessment and program evaluation activities. The results of a key informant survey or other information on needs and proposed services are presented to a forum of citizens to elicit reactions and refine the identification of problems. The disadvantages of this approach are (a) the results of the approach are always impressionistic and incomplete; (b) results depend on the people who attend the meeting; (c) highly vocal individuals or groups may dominate the meeting; and (d) discussions may go in an unproductive direction.

It is important that those who attend the forum represent a cross-section of the community; that the meeting design and process be carefully structured; and that a skilled leader control and facilitate the meeting.

(2) The nominal group approach is a structured workshop designed to identify a range of problems and develop alternative solutions. The approach minimizes face-to-face interactions among a group of selected citizens or consumers who list their views of community needs, barriers to services, and needed services. This process results in a broad listing of needs, barriers, and services which the group then ranks according to priorities.

Because of its structured nature, this approach discourages the

dominance of a few vocal people or the suppression of divergent views. It is particularly useful in encouraging participation of heterogeneous groups. The disadvantages of this approach are that rankings are made without reference to each other. It is therefore common to have overlaps in problem statements. Also, some participants may feel that they are being manipulated when such a highly structured approach is used.

The Nature of Needs Identification Approaches

The following statements can be made about needs identification approaches:

1. Usually a combination of approaches must be used to identify various dimensions of needs as no single approach provides sufficient information. The choice of approaches depends on the questions that must be answered in making decisions.

2. Needs identification approaches usually confirm and describe known problems in greater detail. They seldom identify new or unexpected problems. This is one of the reasons that often the data is used only for advocacy or justification of programs.

3. There is no unifying concept that assists in the analysis of data yielded by different approaches, except that all approaches provide descriptive data, opinions and judgments on different dimensions of need. Other methods of analysis must be used to relate need to the allocation of resources and the planning, design and development of services.

4. Needs identification is too often considered a research activity and is not integrated into the management process in a mental health center.

5. Needs identification techniques should be problem-oriented rather than data-oriented. They should focus on identifying the problems that must be overcome to improve the mental health status of the target population, and help in answering the questions asked by decision makers and program planners: What kinds of service should be offered to whom in what location with what resources and with what result?

THE ASSESSMENT OF SERVICE NEEDS

Needs assessment is the judgment about whether satisfactory solutions to an identified problem are currently available to people who need services. It involves the analysis of needs identification data, information about the barriers to services, the development of alternative solutions to these problems, and decisions to develop the solution that makes the best match between the needs, the resources and the constraints of the agency.

DATA INTEGRATION

Experts in needs assessment methodologies offer different ways of integrating and analyzing data to assist in making decisions about new or existing programs.

Warheit, Schwab and Bell[6], in describing the components of a comprehensive research and planning program, suggest that mental health centers develop baseline studies to serve as foundations for needs assessments. These recommended studies include:

The Agency Overview

Agency overview studies provide a summary of the agency's formal and informal goal structures and a systematic review of the agency's activities. This overview is obtained by an analysis of the agency from three perspectives: 1) its organization as seen in its charter, legal mandates, and community expectations; 2) its time-resource allocations and program activities; and 3) a description of the socio-demographic characteristics of its clients and the types of problems presented.

The Community Overview

These studies provide socio-demographic information on the community within which the agency functions and data on the organizational structures of the community, particularly those that are related to the delivery of human services. These studies produce baseline data about the community and the agency which can be used for comparative needs analyses and to evaluate the outcome and impact of programs.

The literature further suggests that needs assessment ought to be the first step in the process of allocating resources:

- o assess needs
- o inventory resources
- o compare needs and existing resources and identify gaps
- o establish priorities among the gaps (or unmet needs)
- o allocate resources.

The problem with this suggestion is that it is rarely followed in actual decision making. Assessing the needs and setting priorities simultaneously

for all services that might be provided by a mental health center is difficult. It is advisable for the agency's management to "start small" by looking at specific target populations (e.g., age or disability groups) which appear to represent special problems and develop appropriate services for these groups.

THE NATURE OF DECISION-MAKING

Kimmel[7], in examining needs assessment concepts and methods, suggests that program planning and budgeting approaches provide an analytical framework for integrating information. This framework uses resource, budgetary and funding constraints as a starting point in making judgments about need. It incorporates additional constraints, such as overall program and policy objectives to analyze and interpret "need" in relation to policy and resource allocation decisions.

Program decisions are usually based on four questions:

- o What is the problem?
- o What must we do?
- o What can we do?
- o What do we want to do?

What is the problem? A concise statement of the needs of the target population: the estimated number of current and potential clients; the characteristics and location of these clients; their problems; the services that appear to be appropriate; and the barriers to seeking services.

What must we do? The constraints and expectations that condition alternative solutions: external mandates, standards and licensing; internal

policies, program goals, priorities and commitments; existing staff abilities and allocations; budgets; and community attitudes, resources and expectations.

What can we do? The feasible alternative solutions given the known constraints. Each solution can be defined in terms of a general program design: 1) service delivery objectives including types of services proposed and the expected results for clients using the services; 2) resources needed; 3) cost of resources and anticipated funds; 4) affiliations with other agencies; and 5) liaisons with other agencies, the courts, schools, and the community.

What do we want to do? The judgment that determines the actual selection of a solution and the decision to develop services to meet needs. Decision makers then select the best alternative through assessing the merits of each. Group processes may be used to facilitate decisions. Each alternative must be judged considering: the number of clients served; the resources required in terms of staffing, space, equipment and funds; the anticipated results; the effect of the proposed service on existing agency goals and operations; and the effect on the community. Sophisticated group approaches, such as a modified nominal group process or mathematical weighting techniques, may be used if difficulties are anticipated in reaching consensus, but usually are not needed.

The format and content of the report presented to decision makers is important. Needs assessment reports are too often presented as formal research studies that are quite lengthy and full of statistical tables and do not address the primary concerns of decision makers. When a report states concisely the dimensions of the problem, the alternative solutions and the

effect of these solutions on other agency operations, it is more likely to influence decision making. The detailed statistics and descriptions of the methods used to develop the report should be available to decision makers on request.

There is little to support the premise that policy and resource allocation decisions are based on the findings of needs studies. To quote Kimmel:[7]

> Contrary to the assumptions of needs assessors, there are no tidy and orderly sequences in which decision makers first assess need, then inventory resources, then identify gaps, and then choose. Decision makers operate instead within vigorous constraints and small margins of freedom. Most human resources agency heads, for example, probably have "control" (and then only indirect) over no more than about 5 percent of their agency's budget. The rest is already committed to ongoing programs with built-in growth factors and purposes specified in statutes. Most decision making takes the form of trying to find actions which are politically feasible through marginal changes in the existing pattern of resources. This process of adjustment at the margin does not occur out of laziness or malevolence but out of the fact that the existing base of resource commitments represents the resolutions and compromises of past decisions.

In the management process, an agency's decision makers take responsibility for making the best match between needs and available resources by using the margin of freedom available to them. Needs assessment should provide information which assists in this kind of decision making. When resources are not available to fill recognized gaps in services, need information can also be used to seek grants.

ADVANTAGES OF THIS METHOD

There are several advantages to using this approach for assessing needs. It increases the decision makers' awareness of the needs of the community

and assists them in finding ways to meet these needs. The decision-making process encourages an interest in program accountability by raising questions about the relevance of these needs to 1) the center's mandates, mission, values and resources; 2) the appropriateness of services for specific groups of current and potential clients; and 3) the coordination of services within the center and with other agencies.

This method for assessing needs makes the management of programs easier. The analysis provides much of the information needed for program design. It also assists in developing operational plans that define objectives, procedures for operation, and expected results.

The information collected when employing this method can also be used for advocacy and justification purposes. Grants and requests for support can be based on this information. It can also be used to justify the proposed program to the community and to funders and to review agencies (Health Systems Agencies, Professional Standards Review Organizations). The data can also be used to develop advisory boards that represent the community.

FACTORS AFFECTING NEEDS ASSESSMENT

There are a number of factors that influence the decisions to carry out and use the findings from needs assessment studies.

Motivation. One of the major factors is the motivation or the willingness of decision makers to undertake such studies. Some of the influences that motivate decision makers to assess the mental health needs of the community are external to the center and reflect changes in social, economic and political values:

- o local political pressures
- o new legislation or regulations
- o new funding sources
- o accreditation requirements.

Other influences come from within the center:

- o Staff may feel that more appropriate services should be made available to clients.
- o Anticipated revenues may not match estimated expenditures.
- o Changes in the client population may shift service needs or the demand for specific kinds of services.
- o Evaluation data may show problems within programs.
- o The modification of one program element may raise questions about the efficiency of another.

In addition, there are organizational factors that can limit the extent to which the results of needs assessment studies are used.

Timing. Proposed program changes may be hampered because the timing of the presentation of information may be wrong. Reports may be presented during a period of political uncertainty or when the values and mental set of the board resist changes. There may also be too much lag between the request for a study and presentation of information to decision makers.

Policies and Procedures. Often centers do not have policies and procedures for how the evaluator (who usually conducts needs assessments) will present needs information and how it will be disseminated and used. Therefore, the needs assessment reports are never seen by the right decision makers. It also helps to have a person who will serve as an advocate in the center to

encourage the seeking of new grants, to develop new programs and to modify existing ones that are deficient. This person may help the evaluator present the information so that it is relevant to program planning and development issues. He/she may also encourage action by the director and the governing board that will result in selecting the best intervention for meeting the problems at hand.

Attitudes Toward Planning. Many agencies limit planning activities to setting conceptual goals for the agency, and planning is not seen as a useful tool for managing operations. The criticisms made of planning are that it is unrealistic, that no one pays any attention to plans, that plans tend to be inflexible, and that planning takes too much time and money. In fact, there are at least four levels on which planning can be carried out in a mental health center:[5]

1. Defining the mission of the agency and its relationships with other human service agencies, funding and accreditation agencies, and local government. The mission of the agency is a general statement of intent that is often found in its by-laws. It defines the boundaries of the organization -- what it does and does not do in general terms.

2. Defining overall agency goals and policies, and the table of organization to meet goals and implement policies.

3. Designing programs to meet the needs of identified client groups (e.g., program design for management and clinical functions, and the needed personnel, facilities and budgets).

4. Developing operational plans for program activities to meet the needs of specific groups of clients in a particular location (e.g., clinical

activities, procedures, job descriptions, scheduling and training; space and equipment).

SUMMARY

The purpose of needs assessment is to assure an adequate representation of views of service needs that is not limited to professional formulations of needs or the overriding influence of highly vocal groups in the community. The best description of need for this purpose is that of "unmet need" which recognizes a mental health problem in the community for which satisfactory solutions do not exist and the fact that new services or changes in existing services are necessary.

The assessment of needs is part of the planning of mental health programs. Planning is a function of the overall management of a center and includes assessing needs, setting program objectives, and allocating resources to carry out these objectives. There are several reasons that limit the use of needs information in planning for programs.

1. The approaches that are selected to identify needs should answer questions. There are four commonly used approaches: a) social indicators; b) analysis of resources and patterns of use; c) community surveys; and d) group approaches. The appropriate selection varies according to the situation, but rarely does a single approach provide all the information required to identify needs.

2. An analytical framework should be used to integrate information that identifies needs with program constraints and to develop feasible alternative

solutions to mental health problems. The findings of this analyses can be used to make program decisions by answering the following questions:

a) What is the problem? A concise statement of the need for services.

b) What must we do? The external and internal constraints that limit alternative solutions.

c) What can we do? The feasible alternative solutions to a recognized mental health problem.

d) What do we want to do? The judgment that determines the actual selection of a solution, and its implementation through program planning and development.

3. Decision makers must be able and willing to act on the recommended alternative solutions. Most decisions are made by selecting actions that are politically feasible and reflect marginal changes in the existing base of resources available to the center. When needs assessment is considered part of the management process, decision makers take responsibility for making the best match between needs and resource allocations by using the margin of freedom available to them. Some of the factors that influence decision making are: a) appropriate timing; b) changes in the environment in which the center operates; c) perceived need for changes in programs; d) an understanding of the role of needs assessment and program planning in community mental health centers.

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